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Summary of Stakeholders' submissions on Cabo Verde*

Report of the Office of the United Nations High Commissioner for Human Rights

I. Background

1. The present report was prepared pursuant to Human Rights Council resolutions 5/1 and 16/21, taking into consideration the periodicity of the universal periodic review. It is a summary of 1 stakeholders' submissions[1] to the universal periodic review, presented in a summarized manner owing to word-limit constraints.

A. Implementation of international human rights obligations, taking into account applicable international humanitarian law

1. Economic, social and cultural rights

Right to health

2. Cabo Verde's maternal mortality ratio (MMR) in 2015 was 42 maternal deaths per 100,000 live births, down from 256 per 100,000 in 1990. Almost all maternal deaths are preventable, particularly when skilled birth attendants are present to manage complications and the necessary drugs are available, such as oxytocin (to prevent haemorrhage) and magnesium sulphate (to treat pre-eclampsia). Problems often include a lack of drugs and poor infrastructure, such as no electricity or running water and inaccessibility of hospitals due to weather conditions.[2]

3. The World Health Organization (WHO) recommends a minimum of four prenatal visits with trained health workers, in order to prevent, detect, and treat any health problems. Although in 2005 it was estimated that 98% of pregnant women in Cabo Verde received some level of prenatal care during their pregnancies, UNICEF considered that more than a quarter did not receive the minimum of four visits recommended by the WHO, with that number rising to a third when assessing only women living in rural areas.[3]

* The present document was not edited before being sent to United Nations translation services.

4. The medical infrastructure in Cabo Verde is significantly below global standards, with an inadequate number of trained health professionals and lack of access to health-care, especially in cases of medical emergencies on more remote islands.[4]

5. Cabo Verde must invest in social and economic development and aim to provide women with support throughout and after pregnancy. Cabo Verde must improve health care infrastructure, access to emergency obstetric care, midwife training, and resources devoted to maternal health; and should focus on safely getting mothers and babies through pregnancy and childbirth, with special attention paid to improving health-care access for women from poor and/or rural backgrounds.[5]

Right to education

6. Cabo Verde must focus on introducing measures improving access to education, which empowers women and leads to social and economic development, as well as facilitating healthy decision-making.[6]

Notes

[1] The stakeholders listed below have contributed information for this summary; the full texts of all original submissions are available at: www.ohchr.org

[2] ADF, p. 4.

[3] ADF, p. 4.

[4] ADF, p. 3.

[5] ADF, p. 5.

[6] ADF, p. 4.